

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Planned Parenthood Votes

ADDRESS (number and street)

123 William St, 10th Floor

☐ Check if different than previously reported. (ACC)

New York

NY

10038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489799

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Liz Gustafson

Signature of Treasurer

Liz Gustafson

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">1143446.70</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">4316346.07</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">960225.00</span>	<span style="border: 1px solid black; padding: 2px;">7354769.54</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">5276571.07</span>	<span style="border: 1px solid black; padding: 2px;">8498216.24</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">867198.50</span>	<span style="border: 1px solid black; padding: 2px;">4088843.67</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">4409372.57</span>	<span style="border: 1px solid black; padding: 2px;">4409372.57</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">66608.52</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Planned Parenthood Votes**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

958700.00

7350394.54

(ii) Unitemized .....

1525.00

1875.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

960225.00

7352269.54

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

960225.00

7354769.54

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

960225.00

7354769.54

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

960225.00

7354769.54

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	215688.46	622611.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	215688.46	622611.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	33034.37
24. Independent Expenditures (use Schedule E) .....	651510.04	2162464.18
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000000.00
29. Other Disbursements .....	0.00	270733.79
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	867198.50	4088843.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	867198.50	4088843.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	960225.00	7354769.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1000000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	960225.00	6354769.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	215688.46	622611.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	215688.46	622611.33

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Andersen**

Mailing Address 4345 Middlesex Drive

City

San Diego

State

CA

Zip Code

92116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285773**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rosemary Armstrong**

Mailing Address 3415 Mullen Avenue

City

Tampa

State

FL

Zip Code

33609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Information requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285774**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Terry Bachman**

Mailing Address 380 Hemlock Lane

City

Meyersdale

State

PA

Zip Code

15552-8510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Information requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285775**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI

Transaction ID :

Please note that our committee follows all federal regulations, including those found at 11 CFR 104.7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors, including employer and occupation; informs contributors that the committee is required by law to report the same; and, makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Ms. Nancy Beeuwkes**

Mailing Address 1360 Monument Street

City State Zip Code  
Concord MA 01742-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

**Transaction ID : A2016-1285776**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Colleen Begley**

Mailing Address 2172 Pinon Circle

City State Zip Code  
Erie CO 80516-7957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Women's Health Group

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : A2016-1285777**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alletta Belin**

Mailing Address 124 11th Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : A2016-1285778**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## **A. Gilbert Berglass**

Mailing Address 2842 Jermantown Road

City State Zip Code  
 Oakton VA 22124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285779**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mary Landry Blackstock**

Mailing Address 2607 La Ronde

City State Zip Code  
 Austin TX 78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285832**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Jennifer Brorsen**

Mailing Address 8 Elm Rock Road

City State Zip Code  
 Bronxville NY 10708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : A2016-1285780**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

**A. Margaret Buckman**

Mailing Address 151 Arroyo Hondo Rd

City State Zip Code  
 Santa Fe NM 87508-5940

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Therapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : A2016-1285781

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ms. Vivian Cardamone**

Mailing Address 76 Norman Avenue

City State Zip Code  
 Brooklyn NY 11222

FEC ID number of contributing federal political committee.

C

Name of Employer

Aig

Occupation

Underwriter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : A2016-1285782

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mr. David T Carter**

Mailing Address 1920 Shore Drive

City State Zip Code  
 Anchorage AK 99515-3136

FEC ID number of contributing federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : A2016-1285783

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

4400.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Doris Clarke**

Mailing Address 2369 1st Ave Apt 10 B

City  
New York

State Zip Code  
NY 10035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285784**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ms. Eleanor Cogswell**

Mailing Address 11491 Emmanuel Way

City  
Solomons

State Zip Code  
MD 20688-3031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285785**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Serena S Connolly**

Mailing Address 3156 Brookhollow Drive

City  
Dallas

State Zip Code  
TX 75234-6486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Contran Corp

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

06 / 21 / 2016

**Transaction ID : A2016-1285786**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## **A. Nancy Cott**

Mailing Address 15 Highland Avenue

City State Zip Code  
 Cambridge MA 02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale University

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285787**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Natasha Cullen-Palmaer**

Mailing Address 888 Sandcastle Drive

City State Zip Code  
 Corona DI Mar CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285788**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Eric Fisher**

Mailing Address 100 Hammond Street

City State Zip Code  
 Cambridge MA 02138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285789**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. George Flynn**

Mailing Address 2 Bethune St./Apt. #2Q

City  
New York

State Zip Code  
NY 10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285833**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. G. Allan Forsyth**

Mailing Address 176 W 87th Street

City  
New York

State Zip Code  
NY 10024-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285790**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chann Fowler Spellman**

Mailing Address 17854 Lake Road

City  
Lakewood

State Zip Code  
OH 44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285772**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Ramona Frasher**

Mailing Address 2547 S.W. 50th Blvd

City

Gainesville

State

FL

Zip Code

32608-3978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : A2016-1285791**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Arlene Germain**

Mailing Address 24 Boston Ave

City

Medford

State

MA

Zip Code

02155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

**Transaction ID : A2016-1285792**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Elizabeth Glennon**

Mailing Address 900 N Taylor Street #820

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : A2016-1285793**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## **A. Barbara Gross**

Mailing Address 600 Hudson Street #Oc

City State Zip Code  
Hoboken NJ 07030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285794**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mrs. Anne Hale Johnson**

Mailing Address 4970 Sentinel Drive #406

City State Zip Code  
Bethesda MD 20816-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

06 / 13 / 2016

**Transaction ID : A2016-1285795**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Laurel Harken**

Mailing Address 1845 Castle Gate Road

City State Zip Code  
Walnut Creek CA 94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285796**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 48

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Anna Hartman**

Mailing Address 155 Paradise Road

City

Havana

State

FL

Zip Code

32333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016
**Transaction ID : A2016-1285797**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. William Helm**

Mailing Address 620 Smoketree Drive

City

La Verne

State

CA

Zip Code

91750-2852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information requested

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016
**Transaction ID : A2016-1285798**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jennifer Herring**

Mailing Address 245 W 107th Street #10B

City

New York

State

NY

Zip Code

10025-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

Information requested

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016
**Transaction ID : A2016-1285799**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Georgia Inglis**

Mailing Address 1001 NW Lovejoy Street #508

City	State	Zip Code
Portland	OR	97209-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

**Transaction ID : A2016-1285800**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Diane Ingolia**

Mailing Address 1560 Sunnyslope Avenue

City	State	Zip Code
Belmont	CA	94002-3732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dermira Inc.

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

**Transaction ID : A2016-1285801**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rusty Jagers**

Mailing Address 6223 Deloache Avenue

City	State	Zip Code
Dallas	TX	75225-2814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SRB Management Co.

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : A2016-1285802**

Amount of Each Receipt this Period

10000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Ms. Sylvia M Joesink-Mandeville**

Mailing Address 712 Cooper Dr

City

Placentia

State

CA

Zip Code

92870-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285803**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr. Julia A Johnson**

Mailing Address 341 Mine Brook Road

City

Bernardsville

State

NJ

Zip Code

07924-2111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285804**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ms. Joyce Johnston**

Mailing Address 613 5th Avenue

City

Sacramento

State

CA

Zip Code

95818-3605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285805**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## **A. Anne Kilkenny**

Mailing Address 33470 SW Chinook Plaza #209

City State Zip Code  
 Scappoose OR 97056-3726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : A2016-1285806**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Katharine Lange**

Mailing Address 1922 Page Street

City State Zip Code  
 San Francisco CA 94117-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285807**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Barbara Lee**

Mailing Address 131 Mt. Auburn Street Ste 2

City State Zip Code  
 Cambridge MA 02138-5752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Philanthropy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : A2016-1285808**

Amount of Each Receipt this Period

200000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

201500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Mr. Gregory Lincoln**

Mailing Address 2585 Temple Hills Drive

City State Zip Code  
 Laguna Beach CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Artist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285809**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Barrie Mandel**

Mailing Address 25 Harrison Street

City State Zip Code  
 New York NY 10013-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285810**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Karen Mckinnon**

Mailing Address 6429 Dorado Bch Ne

City State Zip Code  
 Albuquerque NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285811**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## **A. Glenna Neece**

Mailing Address 491 Henry Street

City

Brooklyn

State

NY

Zip Code

11231-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285812**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Maria Penberthy**

Mailing Address 301 Commons Park S #1015

City

Stamford

State

CT

Zip Code

06902-7092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Milbank Tweed Hadl

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2016

**Transaction ID : A2016-1285813**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Janis Pinnelli**

Mailing Address PO Box 50038

City

Austin

State

TX

Zip Code

78763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J Pinnelli Company

Occupation

Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285814**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## **A. Karen Ramberg**

Mailing Address 3736 Brookmyra Drive

City State Zip Code  
Orlando FL 32837-5100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : A2016-1285815**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Gail Reeke**

Mailing Address 430 E 63rd Street #11E

City State Zip Code  
New York NY 10065-7992

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : A2016-1285816**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Paul Rooney**

Mailing Address 291 Moccasin Trail W

City State Zip Code  
Jupiter FL 33458-8030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : A2016-1285817**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Brian Rose**

Mailing Address 5420 Connecticut Avenue Nw #410

City

Washington

State

DC

Zip Code

20015-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285818**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ms. Anita Scuri**

Mailing Address 3336 American River Drive

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285819**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Joanne Sharp**

Mailing Address 6800 S Granite Avenue #448

City

Tulsa

State

OK

Zip Code

74136

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : A2016-1285820**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

## **A. Peter Shepherd**

Mailing Address 18 Harbor Road

City State Zip Code  
 Saint James NY 11780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : A2016-1285821**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Abby Sher**

Mailing Address 3200 Airport Avenue #27

City State Zip Code  
 Santa Monica CA 90405-6116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : A2016-1285822**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Catherine Stiefel**

Mailing Address 809 San Antonio Place

City State Zip Code  
 San Diego CA 92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : A2016-1285823**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Daun Van Ee**

Mailing Address 5620 Thunder Hill Road

City State Zip Code  
Columbia MD 21045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2016

**Transaction ID : A2016-1285824**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Rosmarie Waldrop**

Mailing Address 71 Elmgrove Avenue

City State Zip Code  
Providence RI 02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : A2016-1285825**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ms. Maxine H Wallin**

Mailing Address 7022 Tupa Circle

City State Zip Code  
Edina MN 55439-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2016

**Transaction ID : A2016-1285826**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Lee Webb

Mailing Address PO Box 607

City State Zip Code  
 Union ME 04862

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : A2016-1285827

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anne C Wilson

Mailing Address 322 28th Street

City State Zip Code  
 San Francisco CA 94131

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : A2016-1285828

Amount of Each Receipt this Period

450000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Walter Winshall

Mailing Address 3 Ferndale Road

City State Zip Code  
 Weston MA 02493

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

None

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

Transaction ID : A2016-1285829

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

452000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 OF 48

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Elaine Winters**

Mailing Address 333 Pearl Street #20j

City  
New York

State Zip Code  
NY 10038-1655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Information requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 28 / 2016

**Transaction ID : A2016-1285830**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mrs. Maxine Zinder**

Mailing Address 121 Firestone Circle

City  
Roslyn

State Zip Code  
NY 11576-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 03 / 2016

**Transaction ID : A2016-1285831**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

958700.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 48

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Stott Development Solutions Group, Inc**

Mailing Address 3605 Wilshire Ave

City San Mateo      State CA      Zip Code 94403

Purpose of Disbursement  
Fundraising consultant

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

Non-Federal

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2016
**Transaction ID : B620222**

Amount of Each Disbursement this Period

22454.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Pivot Group**

Mailing Address 1720 I Street NW Suite 550

City Washington      State DC      Zip Code 20005

Purpose of Disbursement  
Research services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2016
**Transaction ID : B620220**

Amount of Each Disbursement this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Community Outreach Group LLC**

Mailing Address 1110 Vermont Ave N.W. #300

City Washington      State DC      Zip Code 20005

Purpose of Disbursement  
Research services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 22 / 2016
**Transaction ID : B620224**

Amount of Each Disbursement this Period

180000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

202679.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 48

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. O'Brien Garrett (formerly known as OMP Inc.)**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	2		2	0	1	6		

Mailing Address 1133 19th St. NW #300

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Printing of fundraising mailer

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☐ Primary   ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

**Transaction ID : B620244**

Amount of Each Disbursement this Period

1	9	0	4	2	.	1	0
---	---	---	---	---	---	---	---

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Pivot Group**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	4		2	0	1	6		

Mailing Address 1720 I Street NW Suite 550

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Research services

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☐ Primary   ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

**Transaction ID : B620228**

Amount of Each Disbursement this Period

2	2	5	.	0	0
---	---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Catalist LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	4		2	0	1	6		

Mailing Address 1090 Vermont Ave./Ste. 300

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Database services

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☐ Primary   ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

**Transaction ID : B620229**

Amount of Each Disbursement this Period

1	4	7	4	5	.	3	1
---	---	---	---	---	---	---	---

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	4	9	7	0	.	3	1
---	---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 48

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Action Fund**

Mailing Address 123 William St, 10th Floor

City State Zip Code  
New York NY 10038

Purpose of Disbursement  
Drawdown payment of IES- Transactions: B619952 and B619955. See  
Schedule E  
Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 22 2016
**Transaction ID : B620406**

Amount of Each Disbursement this Period

-76.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City State Zip Code  
New York NY 10038

Purpose of Disbursement  
Payment for staff time for accounting and FEC compliance.

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 30 2016
**Transaction ID : B620246**

Amount of Each Disbursement this Period

9010.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City State Zip Code  
New York NY 10038

Purpose of Disbursement  
Payment for staff time for strategic federal program work.

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 30 2016
**Transaction ID : B620247**

Amount of Each Disbursement this Period

18961.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27896.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 48

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City New York      State NY      Zip Code 10038

Purpose of Disbursement  
Advance payment for election and operating expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

State:      District:      Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2016
**Transaction ID : B620231**

Amount of Each Disbursement this Period

11162.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City New York      State NY      Zip Code 10038

Purpose of Disbursement  
Payment for staff time for fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

State:      District:      Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2016
**Transaction ID : B620205**

Amount of Each Disbursement this Period

-15399.87

☐ Memo Item

Drawdown on advance to Action Fund reported on 2016 M5 report

Full Name (Last, First, Middle Initial)

**C. Planned Parenthood Action Fund Inc.**

Mailing Address 123 William St, 10th Floor

City New York      State NY      Zip Code 10038

Purpose of Disbursement  
Payment for staff time for fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary    ☐ General  
☒ Other (specify) ▼

State:      District:      Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2016
**Transaction ID : B620215**

Amount of Each Disbursement this Period

15399.87

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11162.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 48

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. Blackbaud Inc.**

Mailing Address 2000 Daniel Island Drive

City	State	Zip Code
Charleston	SC	29492

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2016

**Transaction ID : B620312**

Amount of Each Disbursement this Period

649.76
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address P.O. Box 27025

City	State	Zip Code
Richmond	VA	23261

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : B620221**

Amount of Each Disbursement this Period

356.22
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Screen Strategies Media**

Mailing Address 11150 Fairfax Blvd, Ste 550

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement  
Drawdown payment of IEs- Transactions: B604482 and B604483. See  
Schedule E

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

**Transaction ID : B620405**

Amount of Each Disbursement this Period

-69960.00
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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-68954.02
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 48

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Planned Parenthood Votes**

Full Name (Last, First, Middle Initial)

**A. O'Brien Garrett (formerly known as OMP Inc.)**

Mailing Address 1133 19th St. NW #300

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Drawdown payment of IEs- Transactions: B617858 and B617859. See  
Schedule E  
Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2016**Transaction ID : B620248**

Amount of Each Disbursement this Period

-2266.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-2266.54

215688.46

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 OF 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MackCrounse Group

Nature of Debt (Purpose):

Canvass literature

Mailing Address 2001 N. Beauregard St. Ste 420

City State

Alexandria

Zip Code

VA

22311

Outstanding Balance Beginning This Period

3950.00

Transaction ID : D439020

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

76 Words

Nature of Debt (Purpose):

Production of online advertisements.

Mailing Address 1806 Vernon St, NW #100

City State

Washington

Zip Code

DC

20009

Outstanding Balance Beginning This Period

15759.12

Transaction ID : D439021

Amount Incurred This Period

0.00

Payment This Period

5274.34

Outstanding Balance at Close of This Period

10484.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blueprint Interactive

Nature of Debt (Purpose):

Online advertising

Mailing Address 2229 North Pollard St

City

Arlington

State

VA

Zip Code

22207

Outstanding Balance Beginning This Period

10500.00

Transaction ID : D439023

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

1) SUBTOTALS This Period This Page (optional)..... ►

24934.78

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 OF 48

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SKDKnickerbocker LLC

Nature of Debt (Purpose):

Production Fees: Television Advertisement

Mailing Address 1150 18th Street NW/Ste. 800

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

16794.22

Transaction ID : D439027

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16794.22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Outreach Group LLC

Nature of Debt (Purpose):

Persuasion Canvasses-Estimated Costs See  
schedule E

Mailing Address 1110 Vermont Ave N.W. #300

City State

Zip Code

Washington

DC

20005

Outstanding Balance Beginning This Period

303000.00

Transaction ID : D439028

Amount Incurred This Period

0.00

Payment This Period

303000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

O'Brien Garrett (formerly known as OMP Inc.)

Nature of Debt (Purpose):

Printing of IE mail piece and fundraising  
mailer. See schedule E

Mailing Address 1133 19th St. NW #300

City

State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439029

Amount Incurred This Period

24788.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

24788.68

1) SUBTOTALS This Period This Page (optional)..... ►

41582.90

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 OF 48

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Itzamna Translations Company

Nature of Debt (Purpose):

Translation services. See schedule E

Mailing Address P.O. Box 1015

City State

Zip Code

Glendale

AZ

85311

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439030

Amount Incurred This Period

90.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

90.84

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

90.84

2) **TOTALS** This Period (last page this line number only)..... ►

66608.52

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

66608.52

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 38 OF 48  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Screen Strategies Media</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 02 / 2016</b>	
Mailing Address 11150 Fairfax Blvd, Ste 550				Amount <b>54568.80</b>	
City Fairfax	State VA	Zip Code 22030		Transaction ID : <b>B604482</b>	
Purpose of Expenditure Radio Ad Buy		Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 27 / 2016</b>	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>74892.76</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Screen Strategies Media</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 02 / 2016</b>	
Mailing Address 11150 Fairfax Blvd, Ste 550				Amount <b>15391.20</b>	
City Fairfax	State VA	Zip Code 22030		Transaction ID : <b>B604483</b>	
Purpose of Expenditure Radio Ad Buy		Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 27 / 2016</b>	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>74892.76</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>69960.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 20 / 2016**

Signature

Full Name of Payee <b>76 Words</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div>	
Mailing Address 1806 Vernon Street, Ste. #100				Amount <div> <div></div> <div>3847.16</div> </div>	
City Washington	State DC	Zip Code 20009	<b>Transaction ID : B604485</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>06 / 02 / 2016</div> </div>		
Purpose of Expenditure Radio Ad Production/Estimated cost		Category/ Type	<div> <div></div> <div>004</div> </div>		
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>74892.76</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	4932.26
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '07' with 'M' and 'M' above it. The second display shows '20' with 'D' and 'D' above it. The third display shows '2016' with 'Y', 'Y', 'Y', and 'Y' above it.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 40 OF 48  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Itzamna Translations Company</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 06 / 2016</b>	
Mailing Address P.O. Box 1015		Amount <b>70.86</b>		
City Glendale	State AZ	Zip Code 85311	Transaction ID : <b>B620251</b>	
Purpose of Expenditure Translation services		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 06 / 2016</b>	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>90.84</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Itzamna Translations Company</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 06 / 2016</b>	
Mailing Address P.O. Box 1015		Amount <b>19.98</b>		
City Glendale	State AZ	Zip Code 85311	Transaction ID : <b>B620252</b>	
Purpose of Expenditure Translation services		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 06 / 2016</b>	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>90.84</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 20 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 41 OF 48  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>76 Words</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1806 Vernon St, NW #100		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>01 / 29 / 2016</b>	
City Washington		State DC	Zip Code 20009
Purpose of Expenditure Full Payment for IE reported on M2-Transaction ID # B593306. See schedule D		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Amount <span style="border:1px solid black; padding:2px;">2347.08</span>
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1199973.47</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>76 Words</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1806 Vernon St, NW #100		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>01 / 29 / 2016</b>	
City Washington		State DC	Zip Code 20009
Purpose of Expenditure Full Payment for IE reported on M2-Transaction ID # B593307. See schedule D		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Amount <span style="border:1px solid black; padding:2px;">1094.43</span>
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">24601.92</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">3441.51</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Deirdre Schifeling</i>		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <b>07 / 20 / 2016</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 42 OF 48  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00489799</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>01 / 29 / 2016</b>	
Mailing Address    1806 Vernon St, NW #100		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> <b>131.86</b>	
City Washington	State DC	Zip Code 20009	<b>Transaction ID : B593308</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>06 / 14 / 2016</b>
Purpose of Expenditure Full Payment for IE reported on M2-Transaction ID # B593308. See schedule D		Category/ Type <div style="border-bottom: 1px solid black; width: 100px;"></div> <b>004</b>	
Name of Federal Candidate Chris Christie		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>24601.92</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>76 Words</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>01 / 29 / 2016</b>	
Mailing Address    1806 Vernon St, NW #100		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> <b>566.99</b>	
City Washington	State DC	Zip Code 20009	<b>Transaction ID : B593309</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>06 / 14 / 2016</b>
Purpose of Expenditure Full Payment for IE reported on M2-Transaction ID # B593311. See schedule D		Category/ Type <div style="border-bottom: 1px solid black; width: 100px;"></div> <b>004</b>	
Name of Federal Candidate Ted Cruz		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>24601.92</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> <b>698.85</b>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Deirdre Schifeling</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>07 / 20 / 2016</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 43 OF 48  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>76 Words</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1806 Vernon St, NW #100		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code Washington DC 20009		Amount <span style="border:1px solid black; padding:2px;">566.99</span>	
Purpose of Expenditure Full Payment for IE reported on M2-Transaction ID # B593310. See schedule D		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate Jeb Bush		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">24601.92</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>76 Words</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1806 Vernon St, NW #100		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">29</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code Washington DC 20009		Amount <span style="border:1px solid black; padding:2px;">566.99</span>	
Purpose of Expenditure Full Payment for IE reported on M2-Transaction ID # B593309. See schedule D		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate Marco Rubio		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">24601.92</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">1133.98</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Deirdre Schifeling</i>		Date <span style="border:1px solid black; padding:2px;">07</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 44 OF 48  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>			
Full Name of Payee <input type="checkbox"/> Memo Item <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            05 / 09 / 2016         </div>	
Mailing Address 1110 Vermont Ave N.W. #300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           151500.00         </div>	
City State Zip Code Washington DC 20005		<b>Transaction ID : B540177</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 22 / 2016         </div>	
Purpose of Expenditure Full payment for IE reported on M6. Transaction ID#s B601194 and B540177. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Ted Strickland		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           303000.00         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>O'Brien Garrett (formerly known as OMP Inc.)</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 22 / 2016         </div>	
Mailing Address 1133 19th St. NW #300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2873.29         </div>	
City State Zip Code Washington DC 20036		<b>Transaction ID : B617857</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 22 / 2016         </div>	
Purpose of Expenditure Printing of mail piece		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Hillary Clinton		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           25909.56         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           151500.00         </div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">           151500.00         </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Deirdre Schifeling</i>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 20 / 2016         </div>	

[Electronically Filed]

Full Name of Payee O'Brien Garrett (formerly known as OMP Inc.)		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 1133 19th St. NW #300			Amount 1133.27	
City Washington	State DC	Zip Code 20036	Transaction ID : B617859 Date of Disbursement or Obligation MM / DD / YYYY 05 / 25 / 2016	
Purpose of Expenditure Postage for mail piece(Drawdown on advance payment reported on M6)		Category/ Type 001		
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> US	
Calendar Year-To-Date Per Election for Office Sought 25909.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	2266.54
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 46 OF 48  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>			
Full Name of Payee <b>O'Brien Garrett (formerly known as OMP Inc.)</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1133 19th St. NW #300		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">22</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
City Washington	State DC	Zip Code 20036	Amount <span style="border: 1px solid black; padding: 2px;">2873.29</span>
Purpose of Expenditure Printing of mail piece	Category/ Type	<span style="border: 1px solid black; padding: 2px;">001</span>	
Name of Federal Candidate Donald Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<span style="border: 1px solid black; padding: 2px;">25909.56</span>	
Full Name of Payee <b>Community Outreach Group LLC</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1110 Vermont Ave N.W. #300		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
City Washington	State DC	Zip Code 20005	Amount <span style="border: 1px solid black; padding: 2px;">151500.00</span>
Purpose of Expenditure Full payment for IE reported on M6. Transaction ID#s B601194 and B540177. See Schedule D	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		<span style="border: 1px solid black; padding: 2px;">303000.00</span>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border: 1px solid black; padding: 2px;">151500.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Deirdre Schifeling</i>		Date <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 47 OF 48  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Action Fund Inc.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  06 / 22 / 2016 </div>		
Mailing Address 123 William St. 10th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 38.45 </div>		
City State Zip Code New York NY 10038		<b>Transaction ID : B619952</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  05 / 24 / 2016 </div>			
Purpose of Expenditure List rental		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Hillary Clinton	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25909.56 </div>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <input type="checkbox"/> Memo Item <b>Planned Parenthood Action Fund Inc.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  06 / 22 / 2016 </div>		
Mailing Address 123 William St. 10th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 38.45 </div>		
City State Zip Code New York NY 10038		<b>Transaction ID : B619955</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  05 / 24 / 2016 </div>			
Purpose of Expenditure List rental		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Donald Trump	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25909.56 </div>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 76.90 </div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Deirdre Schifeling</u>		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 20 / 2016 </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 48 OF 48  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>Bully Pulpit Interactive</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>		
Mailing Address 1140 Connecticut Ave NW #800			Amount <span style="border:1px solid black; padding:2px;">266000.00</span>		
City Washington		State DC	Zip Code 20036	Transaction ID : <b>B617913</b>	
Purpose of Expenditure Digital Ad		Category/Type <span style="border:1px solid black; padding:2px;">004</span>		Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Name of Federal Candidate Pat Toomey			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">266000.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City		State	Zip Code	Date of Disbursement or Obligation	
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">266000.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">651510.04</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Deirdre Schifeling			Date <span style="border:1px solid black; padding:2px;">07</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>		
			[Electronically Filed]		